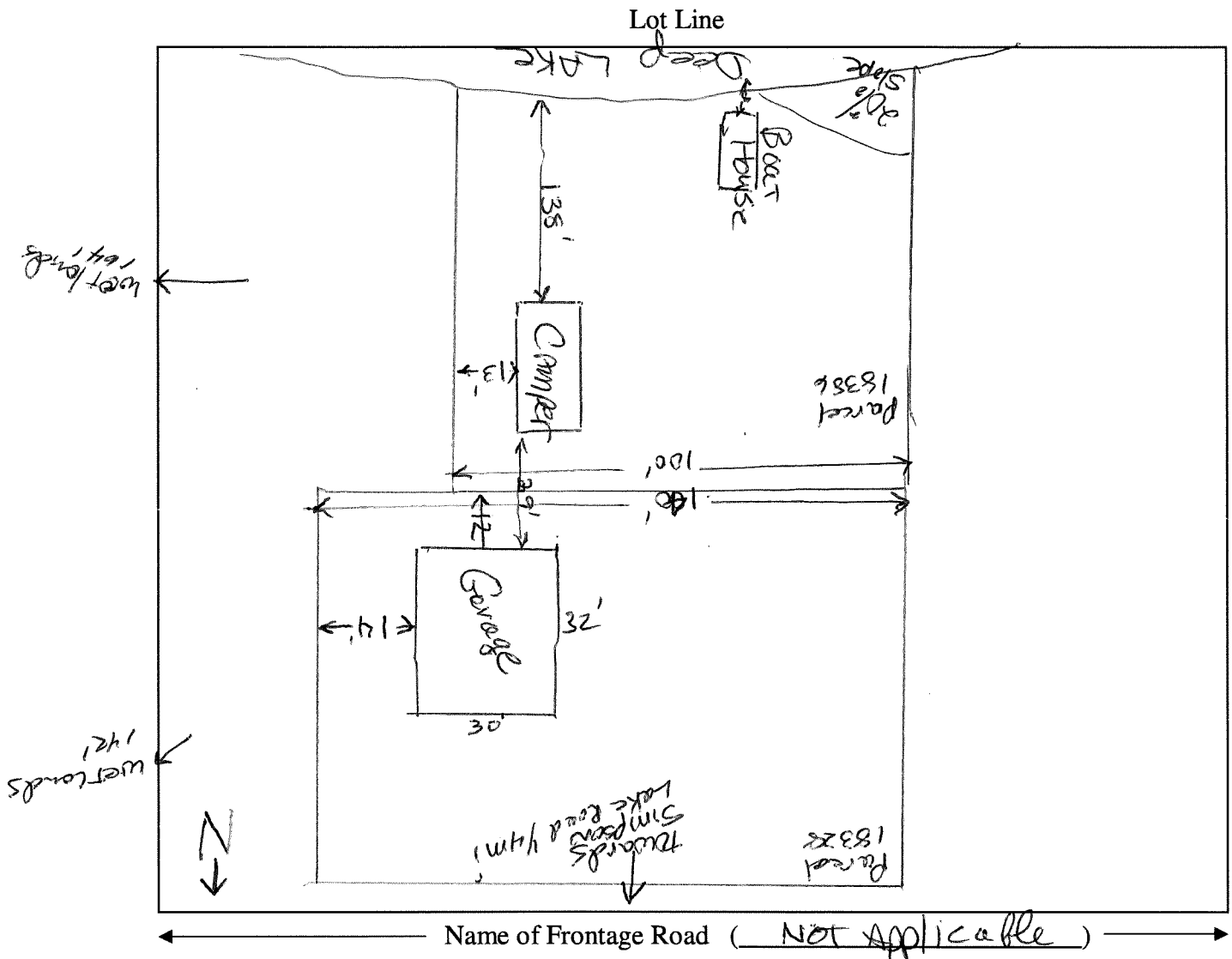


# BAYFIELD COUNTY SANITARY PERMIT APPLICATION

<b>I. APPLICATION INFORMATION</b> (Please Print All Information)				Soil Test No:		County Permit No: <u>21-0272</u>						
Property Owner's Name <u>Gary Pezze</u>				County: <b>Bayfield</b>								
Address of Property <u>5645 Simpson Lake Rd</u>				Property Location: <u>1/4 1/4 S 14 T 47 N R 09 W E (or) W</u>								
Property Owner's Mailing Address <u>Same</u>				Township <u>Hughes</u>		Gov. Lot #: <u>1</u>						
City, State <u>IRON RIVER, WI</u>		Zip Code <u>54847</u>		Phone Number <u>218-348-5829</u>		Subdivision Name or CSM #: <u>1053</u>						
<b>II. TYPE OF BUILDING: (Check One)</b>												
<input type="checkbox"/> State Owned <input type="checkbox"/> Public (Explain the use/purpose _____) <input checked="" type="checkbox"/> 1 or 2 Family Dwelling - No. of Bedrooms <u>2 garage</u>				Parcel ID <u>04-022-2-47-09-14-1</u> Tax Number(s): <u>-05-001-02000</u>								
<b>III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)</b>												
A) <input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> County Private Interceptor 1. <input type="checkbox"/> Reconnection 2. <input type="checkbox"/> Repair 3. <input type="checkbox"/> Revision ** <input type="checkbox"/> Transfer of Owner (List Previous Owner below) _____												
B) <input type="checkbox"/> A Sanitary Permit was previously issued. Previous Permit Number: _____ Date Issued: _____												
<b>IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above</b>												
C) <input type="checkbox"/> Pit Privy <input type="checkbox"/> Vault Privy (Vault size: _____ gallons or _____ cubic yards) <input checked="" type="checkbox"/> Portable Privy (Temporary Use Only) <input type="checkbox"/> Composting Toilets <input type="checkbox"/> Incinerating Toilet												
<b>V. ABSORPTION SYSTEM INFORMATION:</b>												
1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)						
<b>VI. TANK INFORMATION:</b>		Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
		New Tanks	Existing Tanks									
Septic Tank or Holding Tank				<u>80</u>	<u>2</u>	<u>Shasta</u>						
Lift Pump Tank / Siphon Chamber			<u>80</u>	<u>80</u>	<u>2</u>	<u>Shasta</u>					<input checked="" type="checkbox"/>	
<b>VII. RESPONSIBILITY STATEMENT:</b>												
I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.												
Plumber's / Owner's Name: (Print) <u>GARY R. PEZZE</u>						Plumber's / Owner's Signature (No Stamps) <u>[Signature]</u>			MP/MPRSW No: <u>N/A</u>			
Plumber's Address: (Street, City, State, Zip Code) <u>5645 Simpson Lake Rd Iron River, WI 54847</u>						Home Phone: <u>218-348-5829</u>			Business Phone: <u>N/A</u>			
<b>VIII. COUNTY / DEPARTMENT USE ONLY</b>												
<input checked="" type="checkbox"/> Approved <u>8/18/2021</u>		<input type="checkbox"/> Disapproved <input type="checkbox"/> Owner Given Initial Adverse Determination		Sanitary Permit/Transfer Fee: <u>\$50 TRANSFERRED</u> <u>\$25 REFUND</u>		Date Issued: <u>8-24-21</u>		Issuing Agent's Signature / Date: <u>[Signature]</u> <u>8/18/21</u>				
<b>IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:</b>												



1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
2. Show the approximate location and size of the building.
3. Show the location of the well, septic tank and drain field. *n/a*
4. Show the location of any lake, river, stream or pond if applicable.
5. Show the approximate location of other existing structures.
6. Show the approximate location of any wetlands or slopes over 20 percent.
7. Show dimensions in feet on the following:

**IMPORTANT  
DETAILED PLOT PLAN  
IS NECESSARY, FOLLOW  
STEPS 1-7 COMPLETELY**

- |   |   |
|---|---|
| a. Building to all lot lines ✓                            | i. Privy to building ✓                          |
| b. Building to centerline of road ✓                       | j. Privy to lake, river, stream or pond ✓       |
| c. Building to lake, river, stream or pond ✓              | k. Drain field to closest lot line ✓            |
| d. Septic / holding tank to closest lot line ✓            | l. Drain field to building ✓                    |
| e. Septic/holding tank to building ✓                      | m. Drain field to well ✓                        |
| f. Septic / holding tank to well ✓                        | n. Drain field to lake, river, stream or pond ✓ |
| g. Septic / holding tank to lake, river, stream or pond ✓ | o. Well to building ✓                           |
| h. Privy to closest lot line 13' <i>Holding</i>           |   |

# PORTABLE RESTROOM SERVICING CONTRACT

Contract Date:

8-8-21

This contract is made between the

Portable Restroom Owner(s) Name(s):

GARY PEZZE

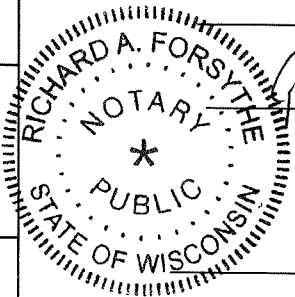
Pumper's (Service Provider) Name:

Rick Polson - Birch Grove

We acknowledge the placement of a Portable Restroom on the following property:

PROJECT LOCATION	Legal Description: (Use Tax Statement)	Tax ID#
		04-022-2-47-09-14-1
1/4, 1/4, Section 14, Township 47 N, Range 09W W	Town of: Hughes	Lot Size: .5A Acreage: 1A
Gov't Lot: 1	Lot #: 1053	CSM #: 1053
Vol. Page	CSM Doc #	Lot(s) #
		Block(s) #
Subdivision:		

1. The owner agrees to file a copy of this contract with the **Bayfield County Planning and Zoning Dept.** as required in Title 15 of the Bayfield County Zoning Ordinance.
2. The owner agrees to have the Portable Restroom serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the Portable Restroom. The owner agrees to maintain the access road or drive so that the pumper can service the Portable Restroom with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the Portable Restroom as mutually agreed upon by the owner and pumper.
3. The pumper whom has signed the pumping agreement agrees to submit the agreement to the local government unit (Bayfield County Planning and Zoning Dept.) as required by Title 15 of the Bayfield County Zoning Ordinance, a report for the servicing of the Portable Restroom on an annual basis. The pumper further agrees to include the following in the annual report:
  - a. The name and address of the person responsible for servicing the Portable Restroom;
  - b. The name of the owner of the Portable Restroom;
  - c. The location of the property on which the Portable Restroom is installed;
  - d. The dates on which the Portable Restroom was serviced;
  - e. The volumes in gallons of the contents pumped from the Portable Restroom for each servicing;
  - f. The disposal sites to which the contents from the Portable Restroom were delivered.
4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract and/or a copy of a new service contract with the local government unit (Bayfield County Planning and Zoning) named above within (10) business days from the date of change to this service contract.

Owner(s) Name(s) (Print)	Owner's Signature(s)	Subscribed and sworn to me on this date:
GARY PEZZE Rosamund JOHNSON PEZZE	<i>[Signature]</i>	8/6/2021 Today's Date
Pumper's Name (Print)	Pumper's Signature	 <i>[Signature]</i> Notary Public Signature
Rick Polson	<i>[Signature]</i>	
Pumper's Registration Number		6/29/2024 Commission Expiration



**APPLICATION FOR  
RECREATIONAL VEHICLE**

Bayfield County Planning and Zoning Department  
P.O. Box 58  
117 East Fifth Street  
Washburn, WI 54891  
Phone - (715) 373-6138

**INSTRUCTIONS:** No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.**  
Changes in plans must be approved by the Zoning Department

**ENTERED**

Office Use:	
Zoning District/Lakes Class	
Application No.	
Date	
Fee Paid	\$75 7-20-21
<b>TRANSFERRED TO PBIVY APP</b>	

**Property Owner** Grady R. Pezze

**Property Address** 5645 Simpson Lake Rd  
**of RV placement.** Iron River, WI 54847

**Mailing Address** 5645 Simpson Lake Rd

Iron River, WI 54847

**Agent:** \_\_\_\_\_

**Telephone** 218-348-5829

**Written Authorization Attached:** Yes ( ) No (✓)

**Accurate Legal Description involved in this request:**

1/4 of 1/4 of Section 14 Township 47 N. Range 09 W. Town of Hughes

**Gov't Lot** 1 **Lot** - **Block** - **Subdivision** - **CSM #** 1053

**Volume** 1136 **Page** 394 **of Deeds** **Parcel I.D. #** 04-022-2-47-09-14-1 **Acreage** .5

**Additional Legal Description:** 05-001-02000

**ATTACH**  
**Copy of Tax Statement** ✓

**Is your RV in a Shoreland Zone?** Yes ☒ No ☐ **If Yes,** **Distance from Shoreline:** 75' or greater ☒ < 75' to 40' ☐ less than 40' ☐

**RV:** **New** ☒ **Replacement** ☐ **Year:** 2012 **Vin #:** 5ZT2FLB7CE390104

**Make of RV:** Shasta **Model of RV:** Freeport

**FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPERTY WITHOUT A PERMIT WILL RESULT IN PENALTIES**

**APPLICANT - PLEASE COMPLETE REVERSE SIDE**

<b>For Office Use Only</b>		<b>Zoning District/Lakes Class:</b> _____
<b>Permit Issued:</b> _____	<b>Sanitary Number</b> _____	<b>Date</b> _____
<b>Issuance Date</b> _____	<b>Permit Number</b> _____	<b>Permit Denied (Date)</b> _____
<b>Reason for Denial:</b> _____		
<b>Inspection Record:</b> _____		
By _____ <b>Date of Inspection</b> _____		
<b>Variance (B.O.A.) #</b> _____		
<b>Condition:</b> <u>RV may be placed up to 4 months from issuance date.</u> <b>Must be removed by:</b> _____		
<b>Signed</b> _____		<b>Date of Approval</b> _____
<b>Inspector</b>		



1. Name and use frontage road as a guideline, and indicate North (N) on plot plan

2. Show the RV (Recreation Vehicle) location

3. Show dimensions in feet on the following:

a. RV from centerline of road(s). N/A

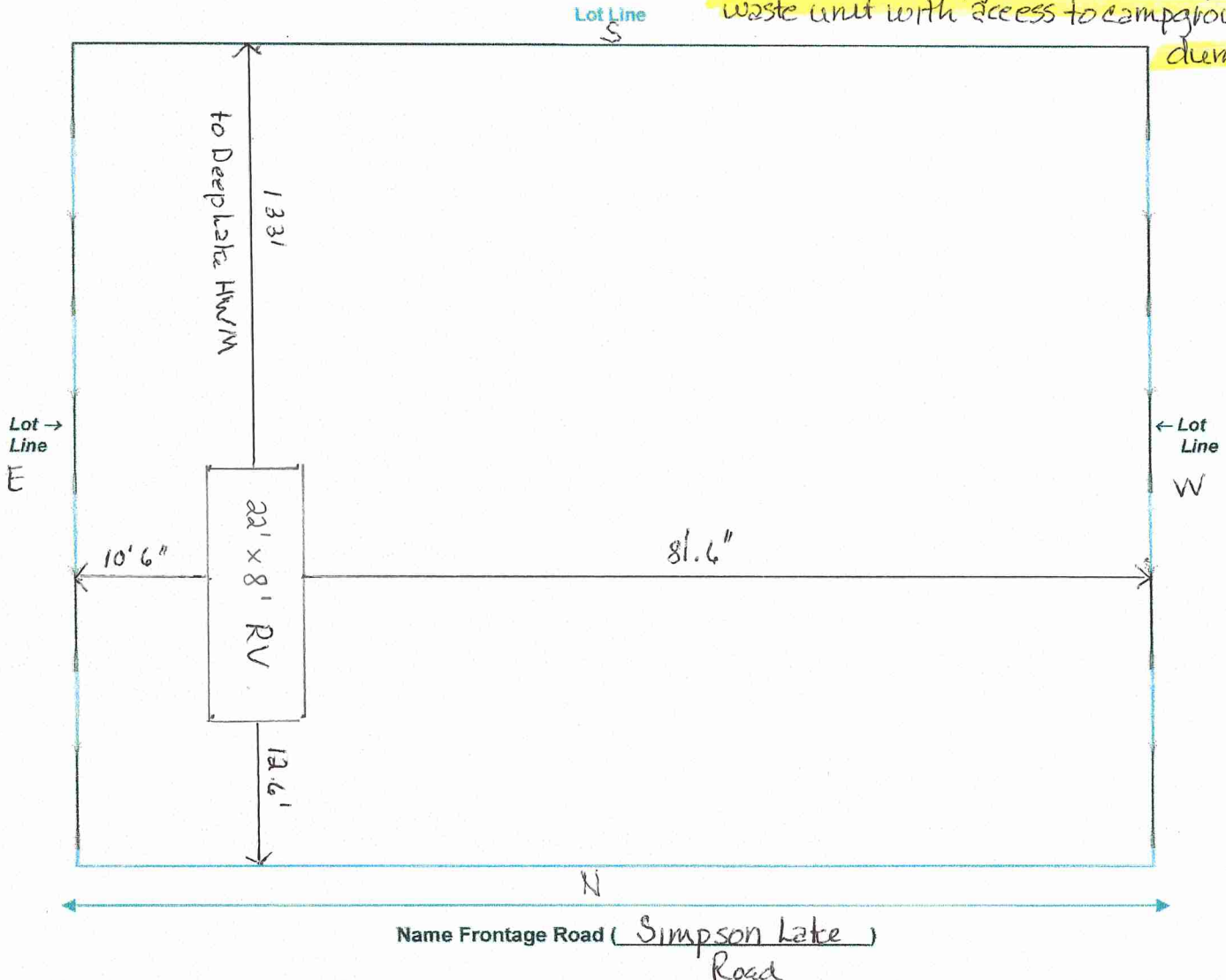
b. RV from right-of-way line N/A

✓ c. RV from property lines

✓ d. RV from (lake, river, stream or pond) 133 feet

✓ e. RV from Privy N/A

owner has agreement with Rick Polson of Birch Grove Campground to rent portable waste unit with access to campground. dump site



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent

Date

Address to send permit 5645 Simpson Lake Road

\* Simpson Lake Road is ~ 1/4 mile north of owner's adjacent parcel 04-022-2-47-09-11-4-03-000-50000



TOWN OF HUGHES TREASURER  
GIANNA PARENTEAU  
PO BOX 93

STATE OF WISCONSIN - BAYFIELD COUNTY  
REAL ESTATE PROPERTY TAX BILL FOR 2020

GARY & ROSALIND JOHNSON PEZZE  
TOWN OF HUGHES

IRON RIVER WI 54847  
Phone: (715) 372-5767

Tax ID: 18386

PAYMENTS should reference:

DOCUMENT RECORDING, or anything else should reference:

PIN: 04-022-2-47-09-14-1 05-001-02000

Alternate/Legacy ID:

022-1036-09 000

Ownership: GARY & ROSALIND JOHNSON PEZZE

Important: Be sure this description covers your property. Note that this description is for tax bills only and may not be a full legal description. See reverse side for important information.

Property Description / Location of Property

Site Address: N/A

GARY & ROSALIND JOHNSON PEZZE

10910 S LONG LAKE RD  
IRON RIVER WI 54847

Description: Sec 14 Tn 47 Rg 09 PAR IN GOVT LOT 1 IN V.1130 P.394  
355A

Please include self-addressed, stamped envelope for return receipt.

Please inform your treasurer of any billing address changes.

Acreage: 0.500

Document: 2014R-555570

Assessed Value	Land	Improved	Total	Average Assessment Ratio	Net Assessed Value	Rate (Does NOT reflect lottery or first dollar credit)	Net Real Estate Tax	Total Due
	\$53,000	\$700	\$53,700	1.01211	0.014459147		776.46	776.46
							-76.04	-76.04
							-0.00	-0.00
							700.42	700.42

Estimated Fair Market Value	Land	Improved	Total	An "X" means unpaid prior year taxes.	School taxes reduced by school levy tax credit.	% Tax Change
	\$52,400	\$700	\$53,100		\$117.36	

Taxing Jurisdiction	Estimated State Aids		Net Tax	
	2019	2020	2019	2020
STATE	0	0	0.00	0.00
COUNTY	26,339	27,148	236.73	226.05
TOWN OF HUGHES	168,616	205,424	79.39	79.80
SCHL-MAPLE	638,734	646,430	476.16	450.74
TECHNICAL COLLEGE	61,100	56,393	20.87	19.87

For full payment pay to TOWN OF HUGHES treasurer by  
January 31, 2021

Warning If not paid by due dates, installment option is lost and total tax is delinquent and subject to interest and if applicable, penalty. (See reverse)

pl 7-16-2021

cl # 17250

350<sup>2L</sup>

Totals	894,789	935,395	813.15	776.46	-4.5
First Dollar Credit			77.43	76.04	-1.8
Lottery & Gaming Credit			0.00	0.00	0.0
Net Property Tax			735.72	700.42	-4.8



Simpson Lake Rd 1/4 mi N

[N]

Parcel 04-022-2-47-0411-4-03-000-50000



South West

North East

To High Water Mark

816'

80' x 106'

133'

126'

[S]

Parcel 04-022-2-47-0411-4-03-000-50000

05-001-02000

[E]



Town, City, Village, State or Federal  
Permits May Also Be Required

LAND USE – **X**  
SANITARY – **X**  
SIGN –  
SPECIAL –  
CONDITIONAL –  
BOA –

# BAYFIELD COUNTY

# PERMIT

WEATHERIZE AND POST THIS PERMIT  
ON THE PREMISES DURING CONSTRUCTION

No. **21-0272** Issued To: **Gary & Rosalind Pezze**

**E 140' OF W 240' OF S 180' OF W ½**

Location: **SW ¼ of SE ¼** Section **11** Township **47** N. Range **9** W. Town of **Hughes**

Gov't Lot                      Lot                      Block                      Subdivision                      CSM#

For: **Residential Other: [ Portable Privy ]**

**(Disclaimer):** Any future expansions or development would require additional permitting.

## Condition(s):

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

**NOTE:** This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

**Rob Schierman**

Authorized Issuing Official

**August 24, 2021**

Date